



COMMUNITY DEVELOPMENT DEPARTMENT PLANNING DIVISION

BEVERAGE CONTAINER RECYCLING FACILITY APPLICATION

APPLICANT INFORMATION

Applicant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Telephone: (____) _____ Facsimile: (____) _____

E-Mail Address: _____

FACILITY INFORMATION

Property Address: _____

Color of Unit: _____ Hours of Operation: _____

Size of Unit: _____ Days of Operation: _____

TYPE OF FACILITY (Check Appropriate Box):

☐ Indoor Collection Center

☐ Bulk Reverse Vending Machine

☐ Reverse Vending Machine

☐ Mobile Recycling Unit

PROPERTY OWNER INFORMATION

Property Owner Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Telephone: (____) _____ Facsimile: (____) _____

E-Mail Address: _____

Property Owner Signature & Date

Applicant Signature & Date

BEVERAGE CONTAINER RECYCLING FACILITY APPLICATION

STAFF USE ONLY

	NO	YES
Is this site within a convenience zone? (Zone: _____)	<input type="checkbox"/>	<input type="checkbox"/>
Is the site zoned for the proposed use?	<input type="checkbox"/>	<input type="checkbox"/>
Are the hours of attended operation per code?	<input type="checkbox"/>	<input type="checkbox"/>
Is the area occupied by unit per code?	<input type="checkbox"/>	<input type="checkbox"/>
Does signage meet code and design policies/criteria?	<input type="checkbox"/>	<input type="checkbox"/>
Have fees been paid?	<input type="checkbox"/>	<input type="checkbox"/>

Setbacks from Street(s)/ Residential Properties:

Street Name: _____ Setback: _____

Street Name: _____ Setback: _____

Sign(s) Square Footage: _____

Screening Method from Adjacent Property: _____

PLANNERS INITIALS: _____ SUBMITTAL DATE: _____

PLANNING CASE #: _____ FILING FEE: _____

COMMENTS:

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www.riversideca.gov/planning